



Incident Report

Print Date/Time: 07/20/2016 10:26
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00009218

Incident Date/Time: 5/15/2016 12:52:43 PM
Location: 8518 15TH ST NE
LAKE STEVENS WA 98258
Phone Number: (425) 753-8721
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 4
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19S15	SS0126-Hingtgen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	KELLY, MICHELLE		(425) 753-8721			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						C41893E	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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05/15/2016 : 12:53:27 SP0338 Narrative: CC, COLD H/R, N/S, LR338

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E543897**CASE # **2016-00009218**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **05** - **15** - **2016** **1000** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**15TH ST NE**BLOCK NO. ☒**8500**

MILE POST

DISTANCE

100 **00**

MILES

☒ N ☐ E ☐ S ☒ W

OF (REFERENCE OR CROSS STREET)

85TH AVE NE

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 3098465745LAST NAME **HANSEN**FIRST NAME **HEIDI**MIDDLE
INITIAL **J**STREET
NEW ADDRESS**1013 WESTMORLAND DR**CITY **WENATCHEE**ST **WA**ZIP **98801**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE # **HANSEHJ426L3**STATE **WA**SEX **F**D.O.B.
MMDDYYYY **06** - **23** - **1958**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **3**EJECT **1**HELMET
USE **2**INJURY
CLASS **1**

NATURE OF INJURIES

LICENSE
PLATE # **AIV3600**STATE **WA**VIN# **WBANF73546CG68119**TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **2006**MAKE **BMW**MODEL **530**STYLE **SD**VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **OWNED BY DRIVER**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **USAA 1849651**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA

UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME **UNKNOWN**

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX **U**D.O.B.
MMDDYYYYON DUTY ☐

STATUS

AIRBAG **9**RESTR. **9**EJECT **9**HELMET
USE **9**INJURY
CLASS **0**

NATURE OF INJURIES

LICENSE
PLATE # **C41893E**STATE **WA**VIN# **1FTSW21P56EB13226**TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

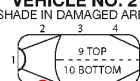
VEH. YEAR **2006**MAKE **FORD**MODEL **F2CREW**STYLE **CW**VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **MICHELE KELLY 8518 15TH ST NE LAKE STEVENS WA 98258 D: 4257538721**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **GEICO 4416698100**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREAOFFICER'S NAME (PRINT)
M. HINGTENBADGE OR ID #
0126AGENCY
WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E543897**CASE # **2016-00009218**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

The owner of Veh #2 contacted the police to report a collision involving her parked vehicle. I arrived and noticed that the drivers side front bumper was damaged. The owner stated that there was broken pieces of what appeared to be a tail light that was left across the roadway. The owner stated that several of the pieces were still in the driveway of 8525 15th St NE. She also stated that there was a vehicle parked in the driveway that morning that appeared to match the tail light pieces.

I attempted to contact the homeowner at 8525 15th St NE. I was able to contact a Elise Decamp who informed me that her mother was involved in that collision. Elise stated that her mother had contacted her and provided all of her information to provide to the vehicle owner. All of the information provided by Elise was documented in this report. Elise stated that her mother was backing out of the driveway and struck the vehicle. Elise was provided with the case number to provide to her mother.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN
05-15-16 02:54 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

R. BROOKS 0013
5/16/2016 3:35:15 AM

BADGE OR ID #

0126

ORI #

WA0311900

TIME POLICE DISPATCHED

12:52 PM

TIME POLICE ARRIVED

1:00 PM

REPORT NO. E543897

CASE # 2016-00009218

DATE AND TIME
OF COLLISION 05/15/16 10:00

